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Bib Data Sheet

CONFIRMATION NO. 3669

SERIAL NUMBER 10/700,008	FILING DATE 11/03/2003  RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 12109.84US01
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none AS*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none AS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AS</i> Examiner's Signature Initials	STATE OR COUNTRY KOREA, REPUBLIC OF	SHEETS DRAWING 6	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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TITLE  
 Two-incision minimally invasive total hip arthroplasty

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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